

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

IN RE:

Edwin E. Miller, Jr.
Wilma E. Miller
Debtors

Case # 13-56905
Chapter 13
Judge Caldwell

**NOTICE OF FILING SUPPORT DOCUMENT TO DEBTORS' AMENDED MOTION
TO MODIFY CONFIRMED CHAPTER 13 PLAN (Doc. 46)**

Now come the Debtors, by and through counsel, and hereby file the attached Support Document (Amended Schedules I&J) to Debtors' Amended Motion to Modify Confirmed Chapter 13 Plan (Doc. 46).

/s/ Amy E. Gullifer
Amy E. Gullifer, 0074218
CANNIZZARO, BRIDGES
JILLISKY & STRENG, LLC
302 S. Main Street
Marysville, OH 43040
Telephone: 937-644-9125
Fax: 937-644-0754
bkadmin@cfbjs.com

CERTIFICATE OF SERVICE

I hereby certify that on October 18, 2016, a copy of the foregoing was served by ECF services upon Faye D. English, Chapter 13 Trustee; U.S. Trustee's Office; and by regular U.S. mail service to Edwin and Wilma Miller, 491 Rosehill Drive, Marysville, Ohio 43040; and all creditors and parties in interest on the attached matrix.

/s/ Amy E. Gullifer
Amy E. Gullifer, #0074218

Fill in this information to identify your case:

Debtor 1 Edwin E. Miller, Jr.

Debtor 2 Wilma E. Miller
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-56905
(If known)

Check if this is:

- ☐ An amended filing
- ☒ A supplement showing postpetition chapter 13 income as of the following date:

9/20/2016
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information.		
If you have more than one job, attach a separate page with information about additional employers.	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Employment status		
Occupation		<u>cleaning</u>
Include part-time, seasonal, or self-employed work.	Employer's name <u>Disabled</u>	Friendship Village of Dublin
Occupation may include student or homemaker, if it applies.	Employer's address	6000 Riverside Drive Dublin, OH 43017
How long employed there?		<u>10 months</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>1,346.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>1,346.00</u>

Debtor 1 **Edwin E. Miller, Jr.**
Debtor 2 **Wilma E. Miller**

Case number (if known) **2:13-bk-56905**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 1,346.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 177.11
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 273.50
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>accident insurance</u>	5h.+ \$ 0.00	+ \$ 64.74
<u>cancer insurance</u>	\$ 0.00	\$ 46.69
<u>disability insurance</u>	\$ 0.00	\$ 47.01
<u>life insurance</u>	\$ 0.00	\$ 32.99
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 642.04
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 703.96
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Social Security</u>	8f. \$ 1,785.00	\$ 0.00
<u>pension</u>	\$ 651.36	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,436.36	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,436.36	+ \$ 703.96 = \$ 3,140.32
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	3,140.32
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <u>None.</u>		

Fill in this information to identify your case:

Debtor 1 Edwin E. Miller, Jr.

Debtor 2 Wilma E. Miller
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:13-bk-56905
(If known)

Check if this is:

- ☒ An amended filing
- ☒ A supplement showing postpetition chapter 13 expenses as of the following date:
9/20/2016
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 625.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Edwin E. Miller, Jr.**
Debtor 2 **Wilma E. Miller**

Case number (if known) **2:13-bk-56905**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	235.00
6b. Water, sewer, garbage collection	6b. \$	115.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	266.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	500.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	100.00
10. Personal care products and services	10. \$	100.00
11. Medical and dental expenses	11. \$	95.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	325.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	49.35
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	110.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
16. \$		0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	347.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
18. \$		0.00
19. Other payments you make to support others who do not live with you.		
19. \$		0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: prescriptions		
21. +\$		30.00
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	2,897.35
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	2,897.35
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	3,139.96
23b. Copy your monthly expenses from line 22c above.	23b. -\$	2,897.35
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	242.61
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain here: None.		

Label Matrix for local noticing
0648-2

Case 2:13-bk-56905

Southern District of Ohio
Columbus

Tue Oct 18 11:11:39 EDT 2016

Arrow Financial Services
5996 W Touhy Ave
Niles, IL 60714-4610

CBCS
P.O. Box 165025
Columbus, OH 43216-5025

Chase
Attn: Correspondence Dept/Bankruptcy
P.O. Box 15298
Wilmington, DE 19850-5298

Collection
Attn: Bankruptcy Department
Po Box 10587
Greenville, SC 29603-0587

Continental Finance MasterCard
P.O. Box 8099
Newark, DE 19714-8099

Dayton Power and Light Company
1065 Woodman Drive
Dayton OH 45432-1423

Encore Receivable Mangement
P.O. Box 3330
Olathe, KS 66063-3330

Jennifer Fate
Murray Murphy Moul + Basil LLP
1114 Dublin Road
Columbus, OH 43215-1039

Brian M Gianangeli
6305 Emerald Parkway
Dublin, OH 43016-3241

Aegis Receivables Management
P.O. Box 404
Fort Mill, SC 29716-0404

Asst US Trustee (Col)
Office of the US Trustee
170 North High Street
Suite 200
Columbus, OH 43215-2417

(p)CASHCALL INC
1 CITY BOULEVARD WEST
SUITE 1000
ORANGE CA 92868-3611

City of Marysville
Income Tax Dept
PO Box 385
Marysville OH 43040-0385

Collection
Po Box 9134
Needham, MA 02494-9134

Credit Protection Assoc.
P.O. Box 802068
Dallas, TX 75380-2068

Diversified Consultants, Inc.
P.O. Box 1391
Southgate, MI 48195-0391

Faye D. English
Chapter 13 Trustee
10 West Broad Street
Suite 900
Columbus, OH 43215-3449

First National Bank of Marin/Credit One
Customer Service
Po Box 98873
Las Vegas, NV 89193-8873

Global Vantage
P.O. box 12237
Hauppauge, NY 11788-0867

American InfoSource LP as agent for
Verizon
PO Box 248838
Oklahoma City OK 731248838

(c)BUCKEYE LENDING SOLUTIONS
6785 BOBCAT WAY STE 300
DUBLIN OH 43016-1443

Central Ohio Primary Care
P.O. Box 712505
Cincinnati, OH 45271-2505

City of Marysville
Utility Billing Office
125 E. Sixth St.
Marysville, OH 43040-1601

(p)COLUMBIA GAS
290 W NATIONWIDE BLVD 5TH FL
BANKRUPTCY DEPARTMENT
COLUMBUS OH 43215-4157

DP&L
P.O. Box 1247
Dayton, OH 45401-1247

Encore Receivable Management Inc
P.O. Box 47248
Oak Park, MI 48237-4948

Enhanced Recovery Corp
8014 Bayberry Rd
Jacksonville, FL 32256-7412

Gemb/jcp
Attention: Bankruptcy
Po Box 103106
Roswell, GA 30076-9106

Greater California Financial Svcs.
GCFS, Inc.
PO Box 3470
Paso Robles, CA 93447-3470

Amy Elizabeth Gullifer
Cannizzaro, Bridges, Jillisky & Streng
302 S. Main Street
Marysville, OH 43040-1556

HSBC
P.O. Box 5213
Attn: Bankruptcy
Carol Stream, IL 60197-5213

(P) HYUNDAI MOTOR FINANCE COMPANY
PO BOX 20809
FOUNTAIN VALLEY CA 92728-0809

I C System Inc
Po Box 64378
Saint Paul, MN 55164-0378

IC Systems
444 Highway 96 East Box 64886
Saint Paul, MN 55127-2557

Internal Medicine Physicians of Central
Ohio
660 London Ave.
Marysville, OH 43040-1515

(p)JEFFERSON CAPITAL SYSTEMS LLC
PO BOX 7999
SAINT CLOUD MN 56302-7999

Jolas & Associates, LLP
202 1st St NW
P.O. Box 4000
Mason City, IA 50402-4000

Key Bridge
2348 Baton Rouge
Lima, OH 45805-1167

KeyBridge
PO Box 1568
Lima, OH 45802-1568

LVNV Funding
15 South Main St., Ste 700
Greenville, SC 29601-2793

LVNV Funding
P.O. Box 1335
Buffalo, NY 14240-1335

Law Offices of Mitchell N. Kay, PC
P.O. Box 9006
Smithtown, NY 11787-9006

Malcolm S. Gerald & Associates
332 South Michigan Ave, Suite 600
Chicago, IL 60604-4318

Marysville Emergency Physicians
P.O. Box 634082
Cincinnati, OH 45263-4082

Marysville Emergency Physicians, Inc.
PO Box 291805
Dayton, OH 45429-0805

Meade & Associates
Attn: Bankruptcy
737 Enterprise Dr
Westerville, OH 43081

Memorial Hospital of Union County
P.O. Box 931316
Cleveland, OH 44193-0004

Mid-Ohio Radiology, Inc.
90 Village Pointe Dr.
Powell, OH 43065-7207

Edwin E. Miller Jr.
491 Rosehill Drive
Marysville, OH 43040-1837

Wilma E Miller
491 Rosehill Drive
Marysville, OH 43040-1837

NCB Management
P.O. Box 1099
Langhorne, PA 19047-6099

NCO Financial
P O Box 15630, Dept 12
Wilmington, DE 19850-5630

(c)NATIONAL CREDIT SOLUTI
3736 E I 240 SERVICE RD
OKLAHOMA CITY OK 73135-1732

OSU Health Systems Anesthesia
P O Box 711823
Columbus, OH 43271-1823

OSU Physicians
P.O. Box 740727
Cincinnati, OH 45274-0727

Ohio Department of Taxation
Attn: Bankruptcy Division
P.O. Box 530
Columbus, OH 43266-0030

Ohio Department of Taxation
Bankruptcy Division
P.O. Box 530
Columbus, OH 43216-0530

Ohio Department of Taxation
P.O. Box 182402
Columbus, OH 43218-2402

Ohio State Medical Center
P.O. Box 183102
Columbus, OH 43218-3102

PCB

P.O Box 29917

Columbus, OH 43229-7517

PNC Bank

P.O. Box 456

Lafayette, IN 47902-0456

Pinnacle Financial Group

Dept 673

P.O. Box 4115

Concord, CA 94524-4115

Richard J.Kaplow, Esq.
808 Rockefeller Bldg.
614 Superior Ave N.W.
Cleveland, OH 44113-1334

Rossman & Co
3592 Corporate Dr Ste 10
Columbus, OH 43231-4978

State of Ohio, Attorney General
Susan K Cliffel, Special Counsel
9334 Union Centre Blvd, Suite 200
West Chester, OH 45069-4851

The Ohio State University
Wexner Medical Center
Mollie Glaser
660 Ackerman Rd 3rd Floor
Columbus OH 43202-4500

Urgent Care by Memorial Hospital
P.O. Box 951903
Cleveland, OH 44193-0021

Verizon Wireless
26935 Northwestern Hwy Ste 100-CFS
Southfield, MI 48033-8449

West Asset Management
7171 Mercy Road
Omaha, NE 68106-2620

Wexner Medical Center
Patient Financial Services
PO Box 183102
Columbus, OH 43218-3102

Women's Imaging & Wellness
P.O. Box 643258
Cincinnati, OH 45264-3258

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Cashcall Inc
Attention: Bankruptcy Department
1600 S Douglass Rd
Anaheim, CA 92806

Columbia Gas
200 Civic Center Drive, 11th Floor
Columbus, OH 43215

Hyundai Motor Finance
10550 Talbert Ave
Fountain Valley, CA 92708

Jefferson Capital Systems LLC
PO BOX 7999
SAINT CLOUD MN 56302-9617

Addresses marked (c) above for the following entity/entities were corrected
as required by the USPS Locatable Address Conversion System (LACS).

Buckeye Lending Solutions
7001 Post Road, Suite 300
Dublin, OH 43016

National Credit Soluti
3675 E I 240 Service Rd
Oklahoma City, OK 73135

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Ohio State University

(d)Wexner Medical Center
Patient Financial Services
PO Box 183102
Columbus, OH 43218-3102

End of Label Matrix	
Mailable recipients	71
Bypassed recipients	5
Total	76